

Nevertheless, it must be admitted that immunity from epileptic attacks for a few months, usually reported after trephining, is no more misleading nor deceptive in the end than a freedom from epileptic seizures for a few weeks by some new systems of medicinal treatment. Honors appear to be even between the physician and surgeon. Mirallié has but recently reported one of the many failures in his experience of trephining for the cure of epilepsy. The case was different in results from what might have been expected. The patient was pronounced a traumatic case, a man thirty-six years old, who while in vigorous health fell seventy feet and sustained severe fracture of the left side of the cranium permanently destroying the sight of the left eye. Recovery from the fall was uneventful. Notwithstanding, there was no neuropathic history nor a permanent predisposition to epilepsy, four years after the fall the patient contracted epilepsy. The epileptic attacks were typical grand mal and petit mal, but were always followed by symptoms of motor and sensory disturbance of the special and common sense of the right side; including right hemianopsia of the inner half of the field of vision. The disturbances were all transitory, lasting for a few hours only. The epilepsy existed but a few weeks when trephining was resorted to and the depression along the line of the old fracture was removed. The parts beneath the depressed bone were found a little compressed but otherwise they were normal. At the end of five months' immunity from epileptic paroxysms without discoverable cause, the seizures recurred worse than before and continue to exhaust the patient physically and mentally. The bad results in such cases where the very best should obtain, caused the author to take issue with those who advise craniectomy for the cure of epilepsy.

The constantly increasing number of unfavorable reports argue for a change in the existing rules governing trephining in epilepsy; these rules should be more conservative in the future. Although a good family history may obtain and the traumatism be recent, and the subsequent epilepsy be undoubtedly caused by the trauma, even then an operation may prove a failure and leave the patient in a worse condition than before the craniectomy.

CLARK.

PATHOLOGY.

ALTÉRATIONS NERVEUSES DANS LA CARCINOSE (Nervous Changes in Carcinosis). D. de Buck (Journal de Neurologie, June 20, 1901, No. 13, p. 241).

A cancer of the breast was removed from a woman, but it returned within a few months, and a tumor of the liver, probably a metastatic growth, was then diagnosticated. The woman began to complain of severe pain in the course of the right sciatic nerve. The knee-jerks were at first exaggerated but later lost, and the Achilles tendon reflexes were lost. Babinski's reflex on the left side, lancinating pains in the lower limbs, objective disturbances of sensation, ataxia, Romberg's sign, retention of urine, and paralysis of the lower limbs were present. The diagnosis of compression of the lombo-thoracic region of the cord from a metastatic growth was made, but no compression of the cord was found at the necropsy. The right sciatic nerve and lumbar posterior roots were degenerated, and diffuse degeneration of the cord, such as occurs in severe anemia, was found. The author believes that in his case the neuritis occurring with carcinoma was not

complicated by gastro-intestinal autointoxication, and he emphasizes the difficulty of diagnosing between diffuse degeneration of the spinal cord and compression of the cord from a metastatic vertebral tumor, when a carcinoma exists anywhere in the body.

SPILLER.

RECHERCHES CYTOMÉTRIQUES ET CARYOMÉTRIQUES DES CELLULES RADICULAIRES MOTRICES APRES LA SECTION DE LEUR CYLINDRAXE (Changes in the Cell-body and Nucleus after Division of the Axone). G. Marinesco (Journal de Neurologie, 1901, March 5, No. 5, p. 81).

Marinesco reiterates a statement that he has made previously, viz., that the cell-body in the hypoglossal nucleus enlarges after division of the axone, and he believes that he has established this fact by careful measurements, although opposite views regarding the hypertrophy of the cell-body are held by Charles Ladame. The enlargement implicates the nucleus and nucleolus, and is apparent three days after division of the axone. Considerable doubt exists as to the duration of this hypertrophy, and the duration depends upon several factors, among which the restoration of the axone is important. Marinesco believes that the diminution in the size of the cell-body does not occur at once when restoration of the cell-body begins, and that the hypertrophy diminishes gradually after forty-five or fifty days, and may still be seen after ninety days. During the period of disintegration of the cell-body the nucleolus appears paler than normal, but is more deeply stained during the period of restoration. The cellular changes are more rapid after resection than after mere division of a nerve, and if sufficient of the nerve has been removed the cell-body atrophies instead of undergoing restoration. The results vary according to the length of the neurone and the point at which the resection is made.

SPILLER.

DES FOYERS LACUNAIRES DE DESINTEGRATION ET DE DIFFERENTES AUTRES ETATS CAVITAIRES DU CERVEAU (Lacunar Foci of Disintegration and Other Different States of Cavity Formation in the Brain). P. Marie (Revue de Médecine, April 10, 1901, No. 4, p. 281).

In this paper Marie calls attention to the fact that the hemiplegias of old people are less often due to hemorrhage or to softening than to the process of cavity formation. These lacunæ show themselves as small cavities with a more or less irregular contour variable in volume, and of a size from a millet seed to a pea, rarely larger. In number they vary from two to eight or ten. Most commonly they are found in the lenticular nucleus. In fifty autopsies they were found in this region forty-five times. The age of such cavities can be determined from the state of granular infiltration in the recent ones, and from the zone of sclerotic tissue surrounding them in the more advanced ones. These lesions are due, in general, to arterial sclerosis plus a senile condition of the brain tissue. Under the effect of this arterial condition, the vessels supplying the brain become altered, the nutrition of the organ suffers, and different regions become atrophied, causing a dilatation of the ventricle and of the perivascular spaces. The vascular lesion progresses, a rupture or an obliteration takes place, from which one or several of these lacunæ results. It was found that softening, and especially cerebral hemorrhage,